

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No. 09/230,137 Filing Date _____
Applicant(s) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		12		1		
4	1	1				
5		1				
6	1			1		
7		1				
8	1			1		
9		1				
10	1			1		
11		1				
12	1			1		
13		1				
14	1			1		
15	1			1		
16	1			1		
17	1			1		
18	1			1		
19		1				
20	1			1		
21		1				
22	1			2		
23		1		1		
24	1			1		
25	1	1		1		
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
31	1		1			
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45						
46						
47						
48						
49						
50						
TOTAL IND.	11		1			
TOTAL DEP.	39	→	31	→		
TOTAL CLAIMS	33		32			

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IND.	DEP.	IND.	DEP.
51			
52			
53			
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98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			